

## Membership Form 2020/21

Membership of the Club runs from the 1<sup>st</sup> April to the 30<sup>th</sup> March each year, with half year membership running from October to March only. Complete this form in clear **CAPITAL LETTERS** and return it, together with payment, to a committee member on a Friday night session at Beaumont pool.

Emails to info@windsorlifeguards.org.uk.

Make cheques payable to WINDSOR LIFEGUARD CLUB

Membership Details clearly in <u>CAPITAL LETTERS</u> please
picase

FULL YEAR FROM APRIL OR HALF YEAR FROM OCTO	BER FULL / HALF (Delete as appropriate)		
MEMBERS FULL NAME	Date of Birth		
Address with Post Code:			
Mobile Number *			
E mail Address *			
*For Rookies please give parents/guardians mobile and email address			
Emergency contact details if different from above			
FIRST CONTACT NAME	ALTERNATE CONTACT NAME		

## FIRST CONTACT NAME ALTERNATE CONTACT NAME

**CONTACT NUMBER** 

		<b>pe</b> (Full year fee from April - March, half year fee from October - March) oes not cover certificates or badges – additional monies will be requested	Full Year from April	Half Year from September
Ro	okie (7-14)	Attending Rookie Training	£120	£75
Sei	nior (14-18)	Attending Senior Survive and Save Training	£120	£75
Sei	nior (18+)	Attending Senior Survive and Save Training	£130	£80
Do	of E	Up to Six Months - As agreed by the Committee	£7	75
Ot	:her	As agreed by the Committee		
Ce	ertificates	Covers One Rookie Level – 3 Certificates & Badges	£8.	.00

## Membership Fee paid:

**CONTACT NUMBER** 

Cheque	Yes /No	Cash	Yes / No	Total Paid	£
			Rec	eived by Treasurer	
				Date	



## Membership Form 2020/21

Doctors contact details		
Doctor:		
Address	Telephone Number	
Medical Conditions/Disabilities/Allergies	Yes / No (please delete as necessary)	
Please give details (e.g. diabetes)	TCS / TVO (prease detecte as necessary)	
Membership Agreement Please read through thoroughly, delete where app	propriate, and sign below.	
	hen and wherever possible and accept that any decision made natters is final. I enclose the appropriate membership fee and il 31/03/2021.	
<del>_</del>	knowledge that I shall be liable for and will indemnify and hold in respect of any and all claims for death or injury to my persor negligent acts or omission.	
I agree that those in charge of Club activities may gi in an emergency.	ve permission for the Club Member to receive medical treatmen	
$\square$ I consent to the 'Emergency Contact Details' be	ing used in the event of an emergency.	
☐ I consent to receiving e-mails and SMS/WhatsA	pp messages from Windsor Lifeguard Club	
You can change your mind at any time by contacting info@wi	ndsorlifeguards.org.uk	
Signature of Member	Date	
I would like to help Windsor Lifeguard Club: Ye	es / No (delete as appropriate)	